



NHPA STUDENT CHAPTER GUIDANCE

Background:

The NHPA Board of Directors has provided the following guidance of activities for NHPA Student Chapters for 2019-2020 academic year.

Initiative Title: Improving Medication Adherence Among Hispanic Patients

Type of Activities:

1. **Community Health Fair or Flea Market Event:** Pharmacy students, under supervision of a licensed pharmacist, **following the pharmacy student to licensed pharmacist ratio per each pertinent state pharmacy law**, conduct a Brown Bag event in which basic medication counseling is conducted with each participant and their medications. In addition, NHPA approved “Conoce tus medicamentos/Know Your Medications” flyer (Appendix A) is handed out to participants to help improve their engagement with their primary care provider and pharmacist.
 - a. In the first year of an NHPA Student Chapter, there should be at least one event in a predominantly Hispanic community.
 - b. Each consecutive year, there should be an added event in the same Hispanic community where the first event took place, ideally in the same location.
 - c. The **goal** is for the NHPA Student Chapter to conduct 2-3 events at the same Hispanic community location to provide continuity for the community members and contribute to enhancing the Hispanic community members’ adherence to their medications.
 - d. NHPA Student Members should be well-informed regarding local resources for participants, such as:
 - i. Low cost medication (i.e., \$4 Program, etc.)
 - ii. Local safety net Health Centers
 - iii. Local food banks
 - iv. Local Medicaid program (i.e., MediCal)
 - e. Medication List
 - i. If capacity permits, NHPA Student Members may consider writing medication lists in Spanish and English, ensuring that the patient updates their medication list if there are any changes.
 - f. Immunizations
 - i. All NHPA Student Members and Preceptors should all have immunizations up-to-date, including the flu shot prior to attending their first event.
2. **Medical Spanish Education:** The ability to communicate effectively and appropriately with Spanish-speaking patients is a requirement for all NHPA Members. If a Member is not a native Spanish-speaker, the member must use a certified interpreter in order to provide the best care for the patient.
 - a. **Lunchtime Talks:**
 - i. Each NHPA Student Chapter shall carry out at least 2-3 Lunchtime Talks per year.

- ii. The topics should focus on the predominant diseases affecting your local Hispanic/Latinx Community.
 - b. **How to Use a Certified Interpreter Training**
 - i. NHPA Student Chapters are encouraged to take advantage of resources available to them to become a certified interpreter.
 - ii. NHPA Student Members are encouraged to interpret only for their own consultations with their own patients.
- 3. **Clinical Skills Competition at the NHPA Annual Conference**
 - a. Each NHPA Student Chapter should designate a Chair of Clinical Skills Competition who will:
 - i. Oversee each pair of the competitors;
 - ii. Record the team's patient counseling portion with a Spanish-speaking patient;
 - iii. Have 1 month to proctor and video record each competing pair of NHPA student member;
 - iv. Submit, 1 month prior to NHPA's Annual Conference, each pair of competitors clinical answers and video recording of patient counseling.
 - b. All of NHPA Student Chapters will be given the Clinical Case with a Spanish-speaking patient at least 2 months prior to the annual NHPA conference.
- 4. **Raza Graduation at NHPA's Annual Conference**
 - a. Each NHPA Student Chapter should designate a Student Chair of Raza Graduation who will:
 - i. Determine the number of NHPA Student Members who are graduating;
 - ii. With other NHPA Student Chair of Raza Committee, help organize and execute the Sarape sashes ceremony at the annual NHPA Conference;
 - iii. Collect and submit email contact of the graduating student as well as their next endeavor plans.
- 5. In August of each year, NHPA will announce additional initiatives that align with its mission and vision, as deemed necessary.
 - a. NHPA chapters are encouraged to submit an initiative idea.
 - i. A reminder will be sent to NHPA Chapters soliciting for their initiative idea months before the August announcement.
 - ii. The NHPA Student Chapter, whose initiative idea is selected, will be recognized at the Annual NHPA Conference.

APPENDIX

Appendix A

“Conoce tus medicamentos/Know Your Medications”

De acuerdo a la Asociación Nacional Hispana de Farmacéuticos, estas son algunas de las preguntas que le debería hacer a su médico y a su farmacéutico. (On behalf of the National Hispanic Pharmacists Association, these are some of the questions that you should ask your medical doctor and your pharmacist.)

1. ¿Para qué es este medicamento? (What is this medication for?)
2. ¿Exactamente cómo me debo de tomar este medicamento? (Exactly how am I supposed to take this medication?)
3. ¿Este medicamento es para corto plazo o es de por vida? (Is this medication only for short-term use or is it a life-long medication?)
4. ¿Por qué es importante que me tome el medicamento? (Why is it important that I take this medication?)
5. ¿Cuáles son los efectos secundarios de este medicamento? (What are the side effects of this medication?)
6. ¿Cuáles son los efectos secundarios alarmantes en los que tendría que suspender este medicamento? (What are the severe side effects in which I would need to stop this medication?)
7. ¿Me puedo tomar este medicamento con otros medicamentos? (Can I take this medication with other medications?)
8. ¿Cuándo tengo que regresar a una cita con mi doctor médico y cuándo debo regresar al laboratorio para supervisar mi medicamento? (When should I return to see my medical doctor and when should I return to lab to supervise my medication?)
9. ¿Qué debo de hacer si se me olvidó tomar una dosis de mi medicamento? (What should I do if I forgot to take a dose of my medication?)
10. ¿Cuándo se expira la receta de mi medicamento, cuántas veces puedo surtir la receta de mi medicamento en la farmacia, cómo pido una receta nueva para mi medicamento? (When does my prescription expire, how many refills do I have at the pharmacy, how do I request a new prescription for my medication?)

Appendix B

“Mi lista de medicamentos/ My Medication List”

Mi Lista de Medicamentos

Nota para el paciente: Favor de asegurarse de siempre tener su lista de medicamentos al día.

Mi Nombre:	Fecha:
Medicamentos de por vida:	
1.	Para:
2.	Para:
3.	Para:
4.	Para:
Medicamentos temporales	
1.	Para:
2.	Para:
3.	Para:
4.	Para:

My Medication List

Note to patient: Please ensure that your medication list is always up to date.

My name:	Date:
Life-long medications	
1.	For:
2.	For:
3.	For:
4.	For:
Short-term medications	
1.	For:
2.	For:
3.	For:
4.	For: